

Town of Phillipston
Grievance Procedure
Under the Americans with Disabilities Act

This form may be used by any individual to file a grievance alleging discrimination on the basis of disability in meetings, services, programs or activities of the Town of Phillipston under Title II of the ADA. Alternate means of filing a grievance are available upon request for people with disabilities. All grievances will be kept on file for a minimum of 3 years.

Filing Date: Date of Alleged Incident:

Complainant Name:

Home Address:

Phone #: Email:

The alleged act of discrimination involves which Town department, meeting, agency or program?

Describe the alleged act of discrimination (additional paper may be attached):

This Grievance Form (or ALTERNATE reporting method) should be submitted by the complainant or their designee to the ADA Coordinator as soon as possible, but no later than 60 calendar days after the alleged violation to:

ADA Coordinator
Office of the Board of Selectmen
50 The Common
Phillipston, MA 01331
978-249-6828
selectman@phillipston-ma.gov